

DR. EDGAR SCOTT

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MAY 20, 1958.—Committed to the Committee of the Whole House and ordered  
to be printed

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Mr. LANE, from the Committee on the Judiciary, submitted the  
following

REPORT

[To accompany H. R. 9222]

The Committee on the Judiciary, to whom was referred the bill (H. R. 9222) for the relief of Dr. Edgar Scott, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

The purpose of the proposed legislation is to pay the sum of \$3,335.75 to Dr. Edgar Scott, of Birmingham, Ala., for medical and surgical treatment and hospital care and medication afforded by him to Anthony P. Contorno, private, United States Army, during the period from November 11, 1953, to February 8, 1954 (both dates inclusive).

Report dated April 3, 1958, to the chairman from the Department of the Army gives in detail the history of this proposed legislation and recommends the enactment of the bill. The author of the bill states that inasmuch as certain attorneys have performed valuable service in connection with this claim your committee has included the 10-percent provision. The report for the Army is as follows:

DEPARTMENT OF THE ARMY,  
Washington, D. C., April 3, 1958.

Hon. EMANUEL CELLER,  
*Chairman, Committee on the Judiciary,*  
*House of Representatives.*

DEAR MR. CHAIRMAN: Reference is made to your request to the Secretary of the Army for the views of the Department of the Army with respect to H. R. 9222, 85th Congress, a bill for the relief of Dr. Edgar Scott.

This bill provides as follows:

"That the Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to Dr. Edgar Scott, Birmingham, Ala., the sum of \$3,335.75. The

payment of such sum shall be in full settlement of all claims of the said Dr. Edgar Scott against the United States for medical and surgical treatment and hospital care and medication afforded by him to Anthony P. Contorno, private, United States Army (Army serial No. 53199918), during the period from November 11, 1953, to February 8, 1954 (both dates inclusive)."

The Department of the Army has no objection to this bill.

Records of the Department of the Army show that Anthony Peter Contorno was born on January 20, 1933, at Bessemer, Ala. He was inducted into the Army on June 16, 1953, in the grade of private and assigned service number US53199918. On November 6, 1953, Private Contorno, who was then assigned as a trainee to Company B of the 200th Infantry Regiment, Camp Atterbury, Ind., was granted 10 days' leave pending his release from assignment to that unit on November 16, 1953. His leave address is shown as 1536 Eighth Avenue, West Birmingham, Ala.

On the night of November 10, 1953, Private Contorno, in the company of his wife and mother-in-law, went to the Scott Clinic-Hospital in Birmingham for consultation, examination, and treatment. Private Contorno advised Dr. Edgar Scott that he was in the Army and on leave from Camp Atterbury; that he was suffering intense and constant pain in and around his rectum, and at the base of his spine, rectal bleeding, and fever; that the onset of his present illness was 4 or 5 days prior to commencement of his leave, but that he did not report it to the Army for fear that the leave would be canceled; that he had previously suffered similar, though less severe, symptoms and about a month earlier had been hospitalized at Camp Atterbury and later discharged without having achieved complete relief; and that although a Veterans' Administration hospital was located only 2 blocks away from the Scott Clinic-Hospital and an Army hospital was 60 miles away, he felt that it was absolutely necessary to consult a civilian specialist in colo-rectal disease. On the basis of his examination, Dr. Scott advised Private Contorno and his family that he was suffering from an acute, complex, pathological condition which required extensive surgery and prolonged hospitalization and post-operative care.

Dr. Scott advised Private Contorno that he could not and would not perform the required services without prior authorization from Contorno's commanding officer. The following is Dr. Scott's account of what happened:

"At the insistent request of Private Contorno and his family,  
\* \* \* was:

"(1) Contacted, via long distance telephone (Bell Telephone Co. verification available on request) at Camp Atterbury, Ind.,

"(2) Notified, informed, and apprised completely with regard to the case under consideration—in full accordance with the foregoing and above-mentioned facts, circumstances, findings, probabilities, and recommendations.

"\* \* \*, with full and particular knowledge of the situation in its various aspects, did then and there, orally by long distance

telephone, instruct and authorize me, at Army responsibility and expense, as follows:

"(1) Render whatever medical services were indicated to relieve acute pain and suffering,

"(2) Perform whatever—any and all—surgical operations necessitated and required to alleviate and rectify, completely, the pathological condition,

"(3) Provide whatever supportive treatment and pre-operative care in order,

"(4) Perform whatever laboratory examinations indicated,

"(5) Hospitalize Private Contorno and 'keep him there until he is well',

"(6) Contact the local Veterans' Administration Hospital for the issuance/procurement of instructions and travel orders whenever, in my opinion, Private Contorno was 'well' and able to be returned to active duty with the Army,

"(7) Written authorization confirming the aforesaid verbal directives and authorization (issued via long distance telephone) would be forwarded as promptly as possible."

Private Contorno's statement of events substantiates Dr. Scott's statement, and is as follows:

"In reply to your letter of June 16 with reference to statement in favor of the Scott Clinic, Birmingham, Ala.

"I wish to make the following statements: At the time that I got sick I was on a furlough from the United States Army, and while home I was having high fever, and was taken to the Scott Clinic Hospital for examination. During the examination Dr. Scott informed me that an operation was necessary, and should be done immediately. I in turn told him to call my company commander, who at that time was \* \* \* and advise him of the situation. Dr. Scott called my company officer and in turn informed me that my commanding officer had given him permission to proceed with the operation, knowingly that I was in a private hospital and not in a veterans hospital. The Red Cross was also notified of this situation.

I do not feel that it is my responsibility to pay the statement of the Scott Clinic, Birmingham, Ala., as my commanding officer authorized Dr. Scott to proceed with the operation."

However, Contorno's commanding officer stated the following in a letter dated June 24, 1955:

"1. I, \* \* \* Captain, Infantry, was commanding officer of Company B, 200th Infantry Division, Camp Atterbury, Ind., terminating December 10, 1953.

"2. I do not recall Pvt Anthony P. Contorno, US53199918, being a member of my command. Due to the lapse of 2½ years since this incident it is entirely possible for this man to have been a member of my command.

"3. I do not recall having a telephone conversation with Dr. Edgar Scott of Birmingham, Ala., pertaining to medical care of Private Contorno. I could not have given Dr. Scott

justification for medical treatment being a company commander.

"4. I further state to the best of my knowledge and belief no one in my organization gave such permission. I must assume that this medical care to Private Contorno was an arrangement made between Dr. Scott and Private Contorno, without justification from Company B, 200th Infantry Division."

Official Army records for Company B, 200th Infantry Regiment, contain an entry, dated November 16, 1953 (the date on which Private Contorno's leave terminated), that Contorno was assigned to that unit, but not present and was listed as sick at the Scott Hospital, Birmingham, Ala., per orders from that station, dated November 12, 1953. This indicates that beyond any doubt, someone in Contorno's company was notified prior to November 12, 1953, that Contorno was sick in the Scott Clinic Hospital.

Dr. Scott then proceeded with successive stages of an "overall surgical procedure" to correct Contorno's condition. This involved four operations on November 11 and 25, 1953, December 9, 1953, and February 3, 1954, continuous "post-interoperative care," laboratory and neurologic examinations, and other specialized hospital services.

Dr. Scott had previously notified the American Red Cross of Private Contorno's condition, and in December 1953, inquiries from Camp Atterbury were received through the local Red Cross chapter, with regard to Contorno's condition and progress. The desired information was furnished by Dr. Scott. Toward the end of January 1954, Dr. Scott determined that Contorno's condition had greatly improved and after the fourth stage of surgical procedure, he would be able to travel and return to Army control. Dr. Scott states that per the instructions received from Contorno's commanding officer, he then contacted the local Veterans' Administration hospital officer, with a view toward procuring travel orders for Contorno (the Veterans' Administration hospital has no formal record of this). He was in turn referred to the adjutant of the Alabama Military District. Dr. Scott states that he was told to do whatever was medically indicated. After the fourth operation on February 3, 1954, the adjutant of the Alabama Military District was again contacted, and on February 8, 1954, orders were cut ordering Private Contorno to proceed to Camp Atterbury on that date. He was then discharged from the Scott Clinic-Hospital and requested to procure written confirmation for the services rendered (which had been promised but was never sent), and information as to the procedure for submitting a statement of charges.

The adjutant of the Alabama Military District made the following statement, dated March 9, 1955, relative to his conversation with Dr. Scott:

"During the period of hospitalization of Pvt. Anthony P. Contorno, US53199918, Company B, 200th Infantry Regiment, Camp Atterbury, Ind., at Scott's Clinic, Birmingham, Ala., I was adjutant, Alabama Military District. On or about January 25, 1954, Dr. Edgar Scott called my office, Alabama Military District, and stated that the mother and wife of Private Contorno had placed



him in his hospital for observation and treatment; that the soldier was on short leave and that leave had expired and requested information as to whether or not that soldier could avail himself of his service. I, at that time, asked Dr. Scott if it was of an emergency nature. He replied in the negative. I then informed Dr. Scott that the family should take Private Contorno to the Veterans' Administration hospital which was within two blocks of Dr. Scott's clinic or take him to the Army hospital at Fort McClellan, Ala. I obtained full information from Dr. Scott as to full name, rank and serial number and unit of the soldier and notified organization of status of enlisted man. At that time, I verbally informed Dr. Scott that under the existing conditions, the Government could not be held liable for cost of hospitalization, due to the fact that the services of a Government hospital were available locally.

"On or about February 1, Dr. Scott called me again and informed me that Private Contorno was ready to be released but that he desired to hold him an additional period of time in order to assure there would be no relapse. Upon release of the patient from Scott's Clinic on February 8, 1954, his unit was notified of this release."

On January 31, 1955, a claim in the amount of \$3,335.75 was submitted by the Scott Clinic-Hospital to the Surgeon General, Department of the Army. On February 18, 1957, this claim was forwarded by the Department of the Army to the General Accounting Office for settlement. The following excerpts from the decision of the Comptroller General of the United States (B-131438, dated May 22, 1957) describe the processing of this claim and its final adjudication:

"Further reference is made to your letter of April 2, 1957, regarding the claim of the Scott Clinic-Hospital, Birmingham, Ala., for \$3,335.75 covering the cost of medical and hospital services rendered Pvt. Anthony P. Contorno, Army serial No. US53199918, during the period from November 11, 1953, to February 8, 1954, while he was on authorized leave of absence from his station.

"This claim was disallowed by our Claims Division settlement dated March 29, 1957, for the reason that adequate Government facilities were available for the care and treatment of Private Contorno and, consequently, there is no authority of law or regulation for allowance of the claim. On the basis that, prior to treating the enlisted man, a representative of the hospital secured specific authority from the enlisted man's commanding officer for such treatment; that this authority subsequently was reaffirmed by the adjutant of the Alabama Military District; and that the claimant acted in good faith in rendering the medical services, you suggest that the claim may be for allowance. Also, you indicate that it is your understanding that the Department of the Army has recommended payment in full.

\* \* \* \* \*

"The matter was referred to the Surgeon General of the Army and on the basis that no emergency was involved and Government medical facilities were available, he disapproved the claim. Apparently, at your request, the case was reviewed by the Army

medical authorities and in view of the conflicting reports as to the prior notification of this treatment and the fact that the personnel records of Private Contorno's organization for November 16, 1953, showed him as sick, Scott Clinic-Hospital, the Surgeon General suggested to the commanding general, Fifth Army, that he determine the feasibility of adjudicating the account in its entirety as payable from Army Medical Service funds. Headquarters, Fifth Army, however, forwarded the matter to our office for final adjudication with the remark that, 'Since lapse of time and conflicting evidence concerning authorization for the civilian treatment preclude certification \* \* \* of the voucher by the Army officer allegedly responsible or cognizant of the facts at the time, administrative approval by this headquarters is not feasible.'

"The act of August 1, 1953, making appropriations for the Department of Defense for the fiscal year 1954, 67 Stat, 336, provides under Maintenance and Operations, Army (p. 338):

"For expenses, not otherwise provided for \* \* \* including \* \* \* medical and dental care of personnel entitled thereto by law or regulation (including charges of private facilities for care of military personnel on duty or leave, *except elective private treatment*) \* \* \*.' (Italic supplied.)

"Such provisions, and similar statutes, and the regulations issued pursuant thereto, require that members of the Army avail themselves of medical facilities provided by the Government when their use is at all possible. It seems undisputed that Government facilities were available to Private Contorno in this case. He elected, however, to use the civilian facilities because he was not satisfied with the treatment he previously had received in Government facilities. The facts disclose that there was no emergency in his case which would justify the initial use of the civilian facilities and there is conflicting evidence as to whether Private Contorno's commanding officer directed the civilian facility to proceed with the treatment. In this respect, because of the express statutory and regulatory prohibition against elective civilian medical treatment, it would appear that a commanding officer could not legally authorize such treatment. On the basis of the record furnished us, we may not conclude that either the equities in favor of the claimant or the failure or refusal of the military authorities, if such be the case, to interfere with that treatment prior to its termination and remove him to a Government facility, affords a sufficient basis for us to allow this claim."

In view of the Comptroller General's decision, it is now settled that Dr. Scott's claim has no legal basis. However, there is conflicting evidence in the case and no evidence that instructions were issued by the responsible Army authorities directing that Contorno be evacuated from the Scott Clinic-Hospital. Accordingly, the Department of the Army has no objection to this legislation, should Congress determine that Dr. Scott is equitably entitled to private relief.

The cost of this bill, if enacted, will be \$3,335.75.

The Bureau of the Budget advises there is no objection to the submission of this report.

Sincerely yours,

WILBR M. BRUCKER,  
Secretary of the Army.

*Statement of professional, medical and hospital services rendered to Pvt. Anthony P. Contorno, US53199918, Company B 200th Infantry Regiment, Camp Atterbury, Ind. while an in-patient in the Scott Clinic-Hospital, Birmingham, Ala., from Nov. 11, 1953, to Feb. 8, 1954*

Professional services-----	\$500. 00
Hospital services:	
Nov. 11, 1953:	
Board and room , at \$20 per diem-----	20. 00
Routine laboratory (blood and urine)-----	7. 00
Operating room-----	30. 00
Anesthesia (Caudal)-----	30. 00
Pre- and post-operative medications (seconal, scopolamine, dromoran, C & A)-----	4. 75
Thalamyd (3 tables at 25 cents each)-----	. 75
Penicillin/streptomycin-----	5. 00
Pathologic tissue examination-----	10. 00
Supportive treatment: Liver extract i. m. Fe and LyoBC i. v.-----	9. 00
Nov. 12, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Thalamyd, 3 tablets x 4 per diem-----	3. 00
Penicillin/streptomycin-----	5. 00
C & A capsule-----	. 25
Nov. 13, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Thalamyd, 3 tablets x 4 per diem-----	3. 00
Penicillin/streptomycin-----	5. 00
Supportive treatment: Liver extract i. m. Fe and LyoBC i. v.-----	9. 00
C & A capsule-----	. 25
Nov. 14, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Thalamyd, 3 tablets x 4 per diem-----	3. 00
Penicillin/streptomycin-----	5. 00
Retention enema, glycerine and witch hazel-----	3. 00
Nov. 15, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Thalamyd, 3 tablets x 4 per diem-----	3. 00
Penicillin/streptomycin-----	5. 00
Nov. 16, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Thalamyd, 3 tablets x 4 per diem-----	3. 00
Supportive treatment: Liver extract i. m. Fe and LyoBC i. v.-----	9. 00
Nov. 17, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Thalamyd, 3 tablets x 4 per diem-----	3. 00
Nov. 18, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Supportive treatment: Liver extract i. m. Fe and LyoBC i. v.-----	9. 00
Nov. 19, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Nov. 20, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00
Supportive treatment: Liver extract i. m. Fe and LyoBC i. v.-----	9. 00
Nov. 21, 1953:	
Board and room, at \$20 per diem-----	20. 00
Medicated dressings, 4 at \$1.50 each-----	6. 00

*Statement of professional, medical and hospital services rendered to Pvt. Anthony P. Contorno, US53199918, Company B 200th Infantry Regiment, Camp Atterbury, Ind. while an in-patient in the Scott Clinic-Hospital, Birmingham, Ala., from Nov. 11, 1953, to Feb. 8, 1954—Continued*

Hospital services—Continued

Nov. 22, 1953:	
Board and room, at \$20 per diem.....	\$20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Supportive treatment: Liver extract i. m. Fe and LyoBC i. v.....	9. 00
Nov. 23, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Nov. 24, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Supportive treatment: Liver extract i. m. Fe i. v.....	4. 00
Nov. 25, 1953:	
Board and room, at \$20 per diem.....	20. 00
Routine laboratory (blood and urine).....	7. 00
Operating room.....	30. 00
Anesthesia (Caudal).....	30. 00
Pre- and post-operative medications: (Seconal, Scopolomine, Dromoran, C & A).....	4. 75
Rectocaine, 2 ampules.....	4. 00
Thalamyd, 3 tablets x 4 per diem.....	3. 00
Nov. 26, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Supportive treatment: Liver extract i. m. Fe i. v.....	4. 00
C & A capsule.....	. 25
Nov. 27, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
C & A capsule.....	. 25
Nov. 28, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Supportive treatment: Liver extract i. m. Fe i. v.....	4. 00
Nov. 29, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Nov. 30, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Supportive treatment: Liver extract i. m. Fe i. v.....	4. 00
Dec. 1, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Dec. 2, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Supportive treatment: Liver extract i. m. Fe i. v.....	4. 00
Dec. 3, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Dec. 4, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Supportive treatment: Liver extract i. m. Fe i. v.....	4. 00
Dec. 5, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Dec. 6, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50



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## Hospital services—Continued

Dec. 7, 1953:	
Board and room, at \$20 per diem	\$20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Dec. 8, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Dec. 9, 1953:	
Board and room, at \$20 per diem	20. 00
Routine laboratory (blood and urine)	7. 00
Operating room	30. 00
Anesthesia (caudal)	30. 00
Pre- and post-operative medications: (Seconal, Scopolomine, Dromoran, C & A)	4. 75
Rectocaine, 4 ampules	8. 00
Thalamyd, 3 tablets x 4 per diem	3. 00
Special laboratory (serology)	5. 00
Penicillin/streptomycin	5. 00
Dec. 10, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Thalamyd, 3 tablets x 4 per diem	3. 00
C & A capsule	. 25
Dec. 11, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Thalamyd, 3 tablets x 4 per diem	3. 00
Dec. 12, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Thalamyd, 3 tables x 4 per diem	3. 00
Dec. 13, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Thalamyd, 3 tablets x 4 per diem	3. 00
Dec. 14, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 15, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 16, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 17, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 18, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 19, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 20, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Dec. 21, 1953:	
Board and room, at \$20 per diem	20. 00
Medicated dressings, 4 at \$1.50 each	6. 00
Throat irrigations (medicated) 3	3. 00
Penicillin/streptomycin	5. 00

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Hospital services—Continued

Dec. 22, 1953:	
Board and room, at \$20 per diem.....	\$20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Throat irrigations (medicated), 3.....	3. 00
Pencillin/streptomycin.....	5. 00
Dec. 23, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Throat irrigations (medicated), 3.....	3. 00
Penicillin/streptomycin.....	5. 00
Dec. 24, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Throat irrigations (medicated), 3.....	3. 00
Dec. 25, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Throat irrigations (medicated), 3.....	3. 00
Dec. 26, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Throat irrigations (medicated), 3.....	3. 00
Dec. 27, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 4 at \$1.50 each.....	6. 00
Throat irrigations (medicated), 3.....	3. 00
Dec. 28, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Dec. 29, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Dec. 30, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Dec. 31, 1953:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Jan. 1 1954:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Jan. 2 1954:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Jan. 3, 1954:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Jan. 4, 1954:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Jan. 5, 1954:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50
Routine laboratory (blood and urine).....	7. 00
Operating room for spinal tap.....	7. 50
Pre- and post-operative medications: (Seconal, Dromoran, C & A).....	3. 00
Anesthesia (local).....	2. 50
Special laboratory (spinal fluid analyses).....	10. 00
Jan. 6, 1954:	
Board and room, at \$20 per diem.....	20. 00
Medicated dressings, 3 at \$1.50 each.....	4. 50

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## Hospital services—Continued

Jan. 7, 1954:

Board and room, at \$20 per diem	\$20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Penicillin/streptomycin	5. 00

Jan. 8, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Thalamyd, 3 tablets x 4 per diem	3. 00
Penicillin/streptomycin	5. 00

Jan. 9, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Thalamyd, 3 tablets x 4 per diem	3. 00
Penicillin/streptomycin	5. 00

Jan. 10, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Magnesium sulphate	. 25
Thalamyd, 3 tablets x 4 per diem	3. 00

Jan. 11, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Thalamyd, 3 tablets x 4 per diem	3. 00

Jan. 12, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50
Thalamyd	1. 75

Jan. 13, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 14, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 15, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 16, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 17, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 18, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 19, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 20, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 21, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 22, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

Jan. 23, 1954:

Board and room, at \$20 per diem	20. 00
Medicated dressings, 3 at \$1.50 each	4. 50

*Statement of professional, medical and hospital services rendered to Pvt. Anthony P. Contorno, US53199918, Company B 200th Infantry Regiment, Camp Atterbury, Ind. while an in-patient in the Scott Clinic-Hospital, Birmingham, Ala., from Nov. 11, 1953, to Feb. 8, 1954—Continued*

Hospital services—Continued

Jan. 24, 1954:		
Board and room, at \$20 per diem	-----	\$20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 25, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 26, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 27, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 28, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 29, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 30, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Jan. 31, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Feb. 1, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Special laboratory (stool culture, microscopic and cultured; blood culture, agglutination test)	-----	25. 00
Feb. 2, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 3 at \$1.50 each	-----	4. 50
Routine laboratory (blood and urine)	-----	7. 00
Feb. 3, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Operating room	-----	30. 00
Anesthesia (caudal)	-----	30. 00
Pre- and post-operative medications; (Seconal, Scopolomine, Dromoran, C & A)	-----	4. 75
Rectocaine, 2 ampules	-----	4. 00
Feb. 4, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 4 at \$1.50 each	-----	6. 00
C & A capsule	-----	. 25
Feb. 5, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 4 at \$1.50 each	-----	6. 00
Feb. 6, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 4 at \$1.50 each	-----	6. 00
Feb. 7, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 4 at \$1.50 each	-----	6. 00
Feb. 8, 1954:		
Board and room, at \$20 per diem	-----	20. 00
Medicated dressings, 2 at \$1.50 each	-----	3. 00
Total	-----	3, 335. 75



[Excerpts From Operative Records]

CONTORNO, ANTHONY P. (PRIVATE, UNITED STATES ARMY)

NOVEMBER 11, 1953

*Operation*

- (1) Incision and drainage of para-anal, pararectal (retrorectal-supralelevator), pilonidal cyst-sinus abscesses,
- (2) Excision of pilonidal cyst-sinus,
- (3) Ano-rectoplasty: first stage (excision of fistulae-in-ano, para-anal, pararectal and pilonidal cyst-sinus.)

The patient was placed in an inverted position, prepared and draped in a sterile manner.

There was noted redness, swelling, induration, and fluctuation in the regions left postero-lateral and posterior to the anus—extending cephalad over the coccyx and embracing a pilonidal cyst-sinus whose one external opening (located in the midline at the tip of the coccyx) was exuding a minute amount of sero-purulent discharge.

Digito-protoscopic examination revealed: no evidence of malignancy; extensive and acute hemorrhoidal disease; definite "bulging" of the postanal and retrorectal spaces; left postero-lateral/posterior inflamed/infected anal crypts—presumed to be "internal openings" of fistulous tracts.

An elliptical incision was made over the post-ano-coccygeal region—in such manner as to include the external opening of the pilonidal cyst-sinus—and deepened sufficiently to evacuate the directly underlying fluctuant tissue. With the left forefinger in the rectum as a guide, the right forefinger was inserted in the wound, loculi broken down, and the extent of the abscess cavities determined. The initial incision was then enlarged over the post-ano-coccygeal area and extended left postero-laterally.

With finger and flexible probe, it was established that an unusual ramification of fistulous tracts existed. Originating (most assuredly than otherwise) in the inflamed/infected left postero-lateral posterior anal crypts, these channels communicated with the pilonidal cyst-sinus (an uncommon association), the para-anal and pararectal spaces—perpetrating, directly and/or indirectly, the inflammatory-suppurative processes at hand.

With the left forefinger in the rectum as a guide, a closed, long, straight hemostat was inserted into the left postero-lateral aspect of the operative wound and advanced cephalad alongside the rectum into the supralelevator space. The jaws of the hemostat were spread gently but sufficiently so as to obtain and establish complete evacuation and drainage of this cavity.

The pilonidal cyst-sinus, down to and including the periosteum of the coccyx, was then excised in its entirety and the wound well saucerized, particularly in its left postero-lateral aspect. The offending anal crypts and contiguous hemorrhoidal tissue was extirpated. All bleeding points were controlled by clamp and ligature.

Then, in order to predicate and procure the eradication of all fistulous tracts and, at the same time (most fundamentally so) assert the authority and secure the integrity of the ano-rectal outlet—in the maintenance and assurance of ano-rectal continence—it was found advisable and necessary to encompass, in degree, the ano-rectal muscle

ring with black silk setons in two separate places: (1) left postero-lateral—the seton marking the fistulous tract and containing the subcutaneous and superficial portions of the external sphincter muscle; (2) posteriorly, the seton identifying the fistulous tract and embracing the profundus portion of the external anal sphincter muscle, the encircling fibers of the puborectalis division of the levator ani muscle, the anococcygeal ligament, and the lower border of the internal sphincter ani muscle.

With the left forefinger in the rectum as a guide, a cellophane-wrapped gauze wick was inserted into the supra-levator space (to be withdrawn within 24–36 hours) along the afore-established pathway, to maintain adequate drainage through the pelvic diaphragm and ischio-anal fossae. The end of the wick was drawn out through the operative wound in its left postero-lateral aspect, distant to the muscle bundle encompassed by the seton at this point.

The operative wound was then packed with 1-inch iodoform gauze in such manner as to obliterate all dead space, prevent “bridging,” promote healing by secondary intention, provide and maintain adequate drainage.

A dry sterile dressing, buttressed by cellucotton, was applied to the wound and the patient returned to his room in good condition.

NOVEMBER 25, 1953

#### *Operation:*

##### Ano-rectoplasty: Second stage fistulectomy

The patient was placed in an inverted position, prepared and draped in a sterile manner.

The iodoform gauze packing was removed and it was observed that the entire wound was granulating well without evidence of “bridging.”

It was determined that the wound had healed sufficiently in its postero-lateral aspect that the ano-muscular ring (the subcutaneous and superficial portions of the external sphincter muscle particularly) contained by the seton placed here at time of initial surgery, safely could be severed.

Accordingly, a grooved director was inserted in the path of this fistulous tract as marked by the seton, the seton was cut and withdrawn; the aforesaid muscle group bundle was incised in a direction at a right angle to the anal aperture.

In its posterior aspect, the wound was not healed deeply to such extent at this time to allow further surgical intervention without extreme and undue risk of inviting ano-rectal incontinence. Therefore, the seton, as originally established here, was left in situ.

For the same reason, it was considered surgically advisable to postpone the correction of the hemorrhoidal disease which was still present and impelling.

The external wound edges were beveled and freshened. The wound, itself, was packed with 1-inch iodoform gauze, great care being taken to tuck this deeply in the posterior, and snugly in the left postero-lateral aspects of the ano-rectum.

Post-operative care is to be exercised so as to secure healing from within out at the site of the left postero-lateral muscle bundle incision.

A dry sterile dressing, buttressed with cellucotton, was applied and the patient returned to his room in good condition.

DECEMBER 9, 1953

*Operation*

Ano-rectoplasty: Third stage fistulectomy-hemorrhoidectomy

The patient was placed in an inverted position, prepared and draped in a sterile manner.

The gauze packing was removed from the operative wound. By digito-anoscopic examination, it was decided that the ano-muscle ring contained within the posteriorly positioned seton could be incised in its deeper aspects.

In order to eradicate the internal ano-rectal pathology which was compelling, not only for its own sake but necessary for the assurance of complete para-anal/pararectal wound healing, a hemorrhoidectomy was performed in the usual manner. All bleeding points were controlled by clamp and ligature.

Following this, a curved groove director was inserted into the rectum in the path of the posteriorly placed seton; the seton was cut and withdrawn; and the muscular ring deep to the subcutaneous portion of the external sphincter muscle was incised. A seton was placed around the subcutaneous muscle.

In order to maintain a proper balance between deep and superficial wound healing, it was again necessary to saucerize the external wound edges by bevelling the skin edges and subcutaneous tissue. The external wound bed was then packed lightly with 1-inch iodoform gauze, care being taken not to place the gauze strip between the ano-muscle ring edges that had been severed. Drainage and proper wound healing from within and outward to the level of the newly placed seton is to be carefully nurtured and supervised by day to day post-operative care.

A dry sterile dressing, supported with cellucotton, was applied and the patient returned to his room in good condition.  
January 5, 1954

Lumbar spinal tap for diagnostic purposes.

The patient was placed in the left lateral position, prepared and draped in a sterile manner.

At the level of the third lumbar vertebral interspace, a spinal needle was inserted, without difficulty, into the spinal sub-archnoid space and the stylette carefully withdrawn.

The spinal fluid pressure was found to be within normal limits. Approximately 5-6 cc. of spinal fluid were collected in a sterile container for laboratory examination.

The needle was withdrawn, a sterile dressing applied, and the patient returned to his room in good condition.

FEBRUARY 3, 1954

*Operation*

Ano-rectoplasty: Fourth stage fistulectomy.

The patient was placed in an inverted position, prepared and draped in a sterile manner.

The gauze packing was removed from the external wound. Anoscopic examination revealed complete healing internally throughout the ano-rectum excepting the tissue encompassed by the seton in the posterior commissure.

A curved groove director was inserted into the rectum in the path of the posteriorly placed seton. The seton was cut and withdrawn. The circumscribed bundle of tissue, particularly composed of the subcutaneous portion of the extended sphincter muscle, was incised at a right angle to the anal aperture.

The skin edges of the external wound were beveled and freshened and the bed packed lightly with plain gauze, taking care to avoid placing the gauze stripping between the freshly incised muscle edges.

A dry sterile dressing was applied and the patient returned to his room in good condition.

